

**MANAGED HEALTH CARE IMPROVEMENT TASK FORCE
JANUARY 5, 1998 FINAL BUSINESS MEETING MINUTES**

The Task Force did not vote to adopt these Minutes.

Monday, January 5, 1998
1:00pm
1201 K Street, California Room
California Chamber of Commerce
Sacramento, California

I. CALL TO ORDER [Chairman Alain Enthoven, Ph.D.] - 1:05 PM

The 12th and final Business Meeting of the Managed Health Care Improvement Task Force [Task Force] was called to order by Chairman, Dr. Alain Enthoven, at the California Chamber of Commerce in Sacramento, California.

II. ROLL CALL AND DECLARATION OF A QUORUM - 1:10 PM

The following Task Force members were present: Dr. Bernard Alpert, Dr. Rodney Armstead, Ms. Rebecca Bowne, Dr. Donna Conom, Ms. Barbara Decker, Dr. Alain Enthoven, Ms. Nancy Farber, Ms. Jeanne Finberg, Hon. Martin Gallegos, Dr. Bradley Gilbert, Ms. Diane Griffiths, Mr. Terry Hartshorn, Mr. Bill Hauck, Mr. Mark Hiepler, Dr. Michael Karpf, Mr. Clark Kerr, Mr. Peter Lee, Dr. J.D. Northway, Ms. Maryann O'Sullivan, Mr. John Perez, Mr. John Ramey, Mr. Anthony Rodgers, Dr. Helen Rodriguez-Trias, Mr. Les Schlaegel, Ms. Ellen Severoni, Dr. Bruce Spurlock, Mr. David Tirapelle, Mr. Ronald Williams, Mr. Allan Zaremborg, Mr. Steve Zatzkin.

The following Ex-Officio Members were also present: Ms. Kim Belshe, Ms. Marjorie Berte, Hon. Herschel Rosenthal, Mr. Michael Shapiro, and Dr. David Werdegart.

III. OPENING REMARKS [Chairman Alain Enthoven] – 1:15 PM

Chairman Enthoven took this opportunity to thank the members and the Task Force staff for all the hard work that was accomplished over the holidays. He also reported to members that they should have all the components of the main report at this time. If there were any questions about the publication of the report, they should be directed to the Sacramento Task Force Staff.

Senator Rosenthal, who had requested the opportunity to make a brief statement to the Task Force, was introduced by Chairman Enthoven. He began by thanking the members and staff for their hard work and diligence and stated that he was disappointed, but not surprised with the final Task Force report. He felt that the report falls short of what is needed by consumers and was driven mostly because of the make up of the members. He felt that if the membership had been dominated by legislative appointees instead of gubernatorial appointees, the outcome would have been significantly different.

Senator Rosenthal highlighted three points to the members. First, that the Task Force report was not comprehensive. There were a number of HMO bills that were put on hold until the Task Force made its final recommendations, whose issues were not subject to the Task Force's recommendations. He suggested that the Task Force's Statement on Ongoing Legislation, as adopted August 7, 1997, be included with the Report's transmittal letter.

Secondly, he anticipated industry opposition to the recommendations based on the absence in the report of cost benefit analyses. He said that this opposition should not be used to stall legislation.

Finally, he had joined Assembly Member Gallegos in a press conference earlier today to present a health care initiative [a proposal to amend the State Constitution]. He said he sees this as a "last resort" and would instead, like to negotiate the passage of pending and vetoed legislation.

A. Executive Director's Report [Phil Romero, Ph.D.] – 1:30PM

He began by complimenting the Task Force members on a job well done. Although there were many differing opinions regarding the issues, members were still able to produce over 100 recommendations that Executive Director Romero felt would help restore people's trust in the health care system.

Although there were several issues that the Task Force did have the time to explore, such as the issue of cost, Executive Director Romero felt that some of the highlights of the recommendations included the following: Risk Adjustment, Disclosure and Standardization Reference contracts, Improving the Grievance Process, Continuity of Care, Pre-authorization, and Consolidating the Regulation and Quality of Care. He felt that the members should be proud of the package of recommendations, which he believed would greatly help the Governor, the Legislature and the leaders of the private organizations.

Executive Director Romero directed the Task Force to take note of the blue survey brief describing the Task Force's survey's findings for public distribution. He next introduced Professor Helen Schaffler, Director of the Health Insurance Policy Project of the University of California Berkeley, who served as the Principal Investigator for the scientific public telephone survey that the Task Force commissioned to determine the state-wide experience of Californians related to managed care. Today's presentation focused on the results obtained from the survey's third sample of 1200 insured Californians with serious medical conditions or hospitalizations within the last year.

Professor Schaffler thanked Task Force members Mr. Lee and Chairman Enthoven for the work that they had done to independently confirm the scientific validity of the survey results and confirmed that the rigorous methodology employed had enabled survey results to stand up to intense national scrutiny. She then briefly reviewed where she had left off with her presentation of the first two samples (1200 insured Californians and 1200 insured Californians with problems) and then described the major findings of this third and final directed sample of the seriously ill. She clarified that the purpose of the survey was not to determine satisfaction levels, but rather to identify what percentage of Californians had personally experienced specific problems related to their insurance and managed care in the last twelve months in order to inform the policy makers about systemic problems experienced across the state. Dr. Schaffler further explained the methodology used to determine the seriousness of the problems experienced in terms of productivity loss, financial loss and increased levels of disability that consumers attribute to problems they experienced with managed care.

The first slide showed that overall, 76 percent of Californians stated that they were satisfied with their health plans, even if they had experienced a problem in the last year. To put this figure in context, Dr. Schaffler stated that the Pacific Business Group on Health (PBGH) sets a benchmark goal of satisfaction for all health plans with whom they contract at 80 percent satisfaction rates among their employees. Anything lower than that PBGH considers the health plan not to be performing acceptably. With the statewide California survey showing a rate of 76 percent satisfaction rate, she stated that that would not meet the benchmark standard set by some of the largest employers in the state, noting however that there is variation among specific health plans within the state-wide Task Force survey, since health plan and insurer names were collected in the telephone interviews.

The focus of the majority of the slides in Dr. Schaffler's presentation was the experience of California adults with serious medical conditions who were hospitalized in the last 12 months with a specific health conditions. The results of these findings were organized into three sections: differences in health status, types of managed care and type of chronic condition. The difference in health status was also broken down into three separate categories: those with serious conditions who had not been hospitalized in the last year, those who were hospitalized but had no serious condition, and finally, those had had a serious condition and had been hospitalized in the last year.

This third sample of the survey found the rate of satisfaction was highest for those who were hospitalized but have no chronic condition and lowest among those who have a chronic condition and have been hospitalized.

Ms. Farber questioned Dr. Schauffler about the whether the slides showed the number of people who were satisfied with their health plan and thought it was excellent. Dr. Schauffler responded that the slide did not break the information down that far but she would be happy to provide that information to the members at a later date.

The survey specifically explored whether individuals had personally experienced one of 13 specific in the last 12 months. The highest rates of problems were reported among those who had chronic conditions and had been hospitalized. Among Californians who were hospitalized **and** had been diagnosed with one of the serious medical conditions explored in this third survey sample (such as cancer or heart disease), 17% reported not receiving the most appropriate care; 17% reported delays in getting needed care; 9% reported being denied care their doctors had recommended; 8% reported problems with referrals to specialists; 20% reported being treated insensitively or staff not being helpful and 14% stated a problem with billing or claims payments. They also reported the highest percentage of having their conditions worsened as a result of their problems with their plans.

Dr. Spurlock asked if Dr. Schauffler had done any analysis to see if there was any independent predictors of health status of any of the problems. An analysis of the general population was done and there are several independent predictors. But Dr. Schauffler had not prepared that specific analysis for this meeting.

Chairman Enthoven asked Dr. Schauffler whether she thought that people had made a clear distinction between their health plans that the medical care they were receiving. Dr. Schauffler believed that they understood the questions that were being asked and what they related to. She felt that given her extensive experience with conducting national and California health surveys, which gives her an understanding of public's ability to differentiate between insurance and care issues, that even if the questions had been broken down differently and people had been asked specifically about either their health plans/coverage or their medical care, the survey results would have come out very much the same.

With regard to how problems were resolved, the group that had both serious chronic conditions and were hospitalized were the most likely to solve their problems in the last year. The group of people who were hospitalized only were most likely to be satisfied with the resolution of their problems. In this third sample, only 19 percent found their problems to have been solved at a satisfactory level. Dr. Schauffler stated that given this low rate, she hoped that some of the recommendations that the Task Force would make regarding grievance procedures would help improve this.

In terms of health plans, the group/staff model HMOs (e.g. Kaiser) had the highest levels of satisfaction ratings: 83% were satisfied even though 33% still stated they had a problem in this model type. The IPA network model HMOs showed the lowest levels of consumer satisfaction, with only 75 percent. Breaking down problems among the different types of managed care, problems related to receiving appropriate care were predominantly reported for HMOs, whereas billing problems were most common in the PPO indemnity insurance. Members of IPA/network model HMOs reported the highest incidence of problems with delays of care, referrals to specialists and change of doctors, followed by the group HMO's.

The survey was also able to break down information by the chronic and serious conditions. Some of the specific problems broken out by disease type were lack of choice, access to appropriate care, insensitive staff, lack of understanding of benefits, being denied care or treatment and billing issues.

In conclusion, Dr. Schauffler stated that the survey data confirmed a broad state pattern of much of what was presented by members of the public during extensive public testimony received at the Task Force public hearings. She also stated that her assessment was that the recommendations of the Task Force would largely address many of the systemic problems detailed in the scientific survey findings.

Dr. Schauffler took several questions from the Task Force members. Mr. Williams wanted some clarification about the percentage of people who had claimed satisfaction with their health plans. Mr. Lee spoke briefly about the satisfaction and problem rates studied in the survey and encouraged the task force members representing the health plans to look at the data and use it to better understand and respond to the issues raised as problematic. Mr. Zaremborg asked if the information given in the survey was going to be cross-referenced to make it easier to understand and respond to. Dr. Schauffler showed several places in the survey analysis where this was already the case and further reassured the Task Force that this large data set would be available to the public and researchers for continued analysis as well as market research and health policy development.

Ms. O'Sullivan directed a question to Chairman Enthoven regarding a sentence relating his feelings about the survey in his personal letter to be included in the main report. Chairman Enthoven confirmed that the sentence was inaccurate and that his only concern with the survey was that the press was not reporting in enough detail and that therefore the results could be misinterpreted by the public. Given that he had worked hard on the design of the survey, he had no problem with the results or methodology, but rather that survey results are based on the public's perceptions of the problems they had experienced rather than by expert's review of medical evidence. He agreed with Task Force Policy and Research Deputy Director Skubik that follow-on research that would include medical chart and case review (such as that conducted by the National Medical Outcomes Study) should be considered to determine the difference between what the public perceives as problems and problem rates as determined by independent analysts. Ms. O'Sullivan requested that Chairman Enthoven's letter be corrected to state that. Chairman Enthoven committed to do so. Chairman Enthoven suggested that such independent review should ask: Do they really need the referral? Does their health status warrant a referral? Dr. Schauffler responded that the survey was not created to make such distinctions, but it still had tremendous value as a tool for researchers and policy makers to better understand the discontent within the public related to managed care.

Dr. Spurlock stated that the system needed to be set up in a way that these issues were taken seriously. People should be able to get the care they need, but checks and balances are needed in the system that would allow a lot of the work to be done at the primary care level to appropriately save health care resources, instead of being unnecessarily referred to specialists. Mr. Hiepler asked Dr. Schauffler about the availability of this rich data set for the public and she reassured him that it would be available through the University of California, Berkeley as a solid resource for research and policy development for years to come.

Chairman Enthoven and Executive Director Romero thanked Dr. Schauffler for her solid work.

IV. CONSENT ITEMS -- 2:30 PM

The next order of business was the adoption of the Consent Items [business meeting minutes from the November 21 and 25 meetings]. Chairman Enthoven called for a motion to adopt the Consent Items. Mr. Perez made the motion to adopt the Consent Items and it was seconded by Dr. Armstead. The Consent Items were adopted unanimously.

V. NEW BUSINESS – 2:35 PM

A. Adoption of the Task Force's Executive Summary

Chairman Enthoven stressed to members that they are simply asked to discuss and adopt the Executive Summary based on the document's form and its' consistency with previously adopted recommendations.

Mr. Lee made a suggestion that the members deal with the first two pages of the summary first and then move on to the rest of the document. Mr. Lee then suggested that the term "managed care" be defined in the summary's introduction. Without objection, the Chairman accepted Mr. Lee's suggestion.

Mr. Williams suggested that an opening statement be added under "II. Findings and Recommendations" that would state that the following findings and recommendations are summarized and that an effort to be succinct, some unintended changes to their meanings may have occurred. The statement should also encourage readers to interpret the Task Force's work by reviewing the adopted findings and recommendations included in the Main Report. Mr. William's suggestion was accepted by the Task Force without objection.

Dr. Spurlock suggested that the second paragraph of the Executive Summary be deleted and replaced with a paragraph defining managed care, as offered by Mr. Lee.

Mr. Lee also made the suggestion in the last sentence of paragraph no. seven on page one of the draft Executive Summary to delete "Knox-Keene regulated health care service plans affect quality and cost" and replace it with "the full range of managed care plans - whether or not regulated under the Knox-Keene Act - affect quality, cost, and how these entities can best be regulated." Mr. Lee's two suggestions were accepted without objection.

Ms. Finberg requested that staff include in the Executive Summary Appendix the employment affiliations and appointment categories of each member. Ms. Alice Singh, Deputy Director for Legislation and Operations, said that staff had appointment category information for gubernatorial appointments only, but that they would request that same information from legislative appointment coordinators. Deputy Director Singh also asked members to forward any employment changes to her within the next week. Ms. Finberg's suggestion was accepted without objection.

Mr. Lee also proposed to substitute the last sentence in paragraph no. 2 and all of paragraph no. 3 on page 2 of the Executive Summary [as it refers to the uninsured] with his proposed language [Mr. Lee supplied members with his written suggested changes to the draft Executive Summary during the meeting]. In response to Mr. Lee's proposed language, Ms. Belshe suggested that the reference to the management of any savings to the medical program be deleted.

Mr. Lee's suggestion was accepted without objection.

Mr. Lee also suggested that paragraph no. 5 of the Executive Summary be replaced with his language, as it relates to the Task Force's inability to review cost implications associated with each recommendation.

Mr. Williams objected to Mr. Lee's proposal and said that it should remain as proposed. At this time a straw poll was taken in favor of deleting the original language and substituting it with Mr. Lee's proposed changes. Only 11 members supported replacing the original language with Mr. Lee's language, so the change was not accepted. Further, Mr. Shapiro raised objections to using the language that singles out "information" as a "cost producing long-term benefit", and discriminating against other recommendations.

Referring to paragraph no. 5 on page 2 of the Executive Summary, Mr. Perez proposed to delete the last sentence that read, "The costs of the Task Force recommendations should be evaluated and weighed against their benefits before being implemented". A straw poll was taken and only 10 members agreed to delete this sentence. Therefore, the sentence, as proposed, remained.

In that same sentence, Ms. O'Sullivan suggested adding the word "unnecessary" to before "costs". Mr. Williams objected. A straw poll was taken and only 12 members supported Ms. O'Sullivan's suggestion. She then suggested that the same sentence end with "recommendations". Chairman Enthoven objected, and a straw poll was taken with only 3 members supporting Ms. O'Sullivan's second suggestion.

Mr. Shapiro made the suggestion to remove the word "considered" from the same sentence. A straw poll was taken and only 14 members supported this change; thus, the change was not accepted. Ms. Finberg asked that the words "before being implemented" be removed from the sentence. A straw poll was taken and 11 members supported Ms. Finberg's change. The change was not accepted. Mr. Shapiro suggested adding the words "long-term" before "costs", adding "and benefits" after "costs" and deleting "their benefits". A majority of the members supported this change and it was accepted (pg. 82).

Break – 2:50 PM

After the break, Chairman Enthoven announced that Ms. Severoni won the contest of naming the new state agency responsible for regulating managed care. Ms. Severoni suggested the names "California Managed Care Authority" or California Office of Health Care Oversight". Members cited earlier, however, that a majority of members previously objected to any name with the word "Authority". A majority of members preferred that no name be proposed. Therefore, the Chairman agreed to delete any reference in the Report to the "California Managed Care Authority" or California Office of Health Care Oversight".

Mr. Hauck moved to adopt the Executive Summary, as amended, and it was seconded by Mr. Rodgers. Ms. Farber raised her concern that the summary of recommendation no. 1(f) of the adopted Findings and Recommendations Section of the paper entitled, "Improving the Delivery of Care and the Practice of Medicine" did not accurately reflect the recommendations she moved for adoption on December 13. Deputy Director Singh indicated that she compares all adopted recommendations with the pertinent transcripts for accuracy. Chairman Enthoven agreed to have staff re-check the transcript prior to final publication of the Executive Summary, but reiterated that the recommendation itself could not be changed if it is consistent with the transcript. Ms. Farber said that she wanted noted in the record that her request to change the recommendation to reflect her original intent was not honored. *[Note, after staff review, the recommendation in question as summarized in the Executive Summary was stated verbatim as provided in the Adopted Recommendations and the transcript].*

Dr. Rodriguez-Trias said that Recommendation 5(a) of the Integration and Coordination of Care - Case Study on Women's Health summarized Findings and Recommendations needed to be changed to delete the words "obstetricians & gynecologists" and replace them with "reproductive healthcare providers". Ms. Sara Singer and Deputy Director Singh confirmed that the term had been simplified by staff for easier readability, but that Dr. Rodriguez-Trias' term was the correct term of art used in the adopted Recommendations. Therefore, Chairman Enthoven accepted this change without objection.

Ms. O'Sullivan asked that as requested in by Catherine Dobbs of the ANA, throughout the report the word "physician" be changed to "providers". The Chairman said that this change was currently underway.

Ms. O'Sullivan then moved remove footnote no. 1 on page 3 of the draft Executive Summary and instead, place it in the document's text. Ms. Bowne seconded this motion and it was adopted 28 to 0. Ms. Finberg made a suggestion to move footnote no. 2 on page 4 into the document's text. There was no objection to this suggestion.

Mr. Kerr asked that a change be made to the last sentence of paragraph No. 1 of the summarized Public Perceptions and Experiences with Managed Care Findings [page 15 of the draft Executive Summary] to list first the *type* of managed care plan consumers were enrolled in and then to list the *health status*, etc. Mr. Kerr's suggestion was accepted without objection.

The Executive Summary, as amended, was adopted 24 to 0.

B. Discussion of the Report Transmittal Statement – 3:45 PM

Mr. Perez suggested that the Task Force next consider the Report Transmittal Statement [Item No. V. C.] as opposed to the discussion of the Chairman's Letter [Item No. V. B.] Seeing and hearing no objection, the Chairman moved to the discussion of the transmittal statement.

Chairman Enthoven moved that Option C be adopted for inclusion in the Report Transmittal Letter. The motion was seconded by Ms. Decker. Option C read:

While few, if any, members of the Task Force agree with all of the recommendations. A majority of the Task Force joins in recommending this package and functioning of and acceptability of managed health care in California.

Ms. Bowne spoke in opposition of Option C. She viewed it as a managed care with one plan and three option. Mr. Williams also spoke in opposition to Option C, because it did not address the recommendations' lack of a cost-benefit analysis. Option C was adopted 19 to 6.

C. Discussion of the Chairman's Letter – 3:50 PM

Mr. Hauck said that the Chairman should reserve the right to state whatever he chooses in his official letter as Task Force Chairman.

Members agreed not to comment on the Chairman's Letter.

Ms. O'Sullivan then asked that the discussion of the Report Transmittal Statement be re-opened. She had a change that she wanted to make to it. Specifically, Ms. O'Sullivan moved to append language to the Statement from the adopted Executive Summary, as it related to the evaluation and weighing of long-term costs and benefits of Task Force recommendations. Ms. Finberg seconded the motion. Mr. Zaremborg then moved to amend Ms. O'Sullivan's motion to add a phrase that members were unable to analyze those costs. Mr. Williams seconded Mr. Zaremborg's motion to amend. Before a vote was taken on Mr. Zaremborg's motion, Ms. O'Sullivan withdrew her original motion. Discussion on the Report Transmittal Statement ceased.

D. Discussion of the Proposed Liability Statement – 4:10 PM

Chairman Enthoven prefaced the next order of business by saying that the statement was placed on the agenda as a result of Ms. Griffiths' request and his receipt of letters from her and 15 additional members. The Task Force Bylaws stipulate that an item can be added to the agenda if it is requested by 16 or more members. Ms. Bowne expressed her disappointment that she did not learn of the request until it had been made and honored.

The proposed statement read:

All entities which contribute to medical decisions affecting health care should be accountable for their impact on medical decisions.

Dr. Gilbert, who had originally supported the statement, now felt that there needed to be modifications made to it. Specifically, he felt that all of his health care decisions are made in the same way with the same amount of seriousness given to them, whether he is acting as a physician or as a director of a medical center. He stated that he could no longer support the statement as proposed.

Chairman Enthoven and Deputy Director Singh reminded members that since this statement failed during the December 13 Task Force meeting and reconsideration was not requested at

that time, the statement, if adopted, could not be included in the Main Report as an official Task Force recommendation. Instead, if adopted, it would be placed in another portion of the report - most likely in the Chairman's letter. Mr. Perez responded by saying that if there was a possibility that this statement could be considered for inclusion somewhere in the report he was willing to go through the efforts of discussing it, otherwise he didn't see the reason to waste further time and effort.

Ms. Griffiths responded to Chairman Enthoven's statement by saying she was shocked that he was not willing to accept this statement as a potential item for inclusion in the Task Force recommendations. She was under the impression that in their earlier conversations, this statement would be contemplated as an additional recommendation. Chairman Enthoven stated that he took their conversations to mean that the statement could be possibly included in the Chairman's letter or the Transmittal letter.

Mr. Hiepler thought that the statement, although watered down, should be at least discussed. He thought the Task Force would be doing a great disservice if they did not even attempt to address this issue. Mr. Zaremborg did not think the language was benign at all and it was subject to interpretation, and Mr. Zatkin agreed with the later statement. Dr. Alpert thought that the members should acknowledge that the issue of accountability was at least considered and looked at.

Dr. Gilbert then suggested that Ms. Griffiths' statement be amended to read

All entities which contribute to medical decisions effecting health care should be accountable in proportion to their involvement in the medical decision and subject to recovery limits that are otherwise applicable to medical decisions.

Ms. Griffiths asked Dr. Gilbert whether he intends for the entities to be automatically accountable or whether he intends for the Governor/Legislature to study this issue. Dr. Gilbert said that the entities should be accountable and that this issue should not require any prior study.

Dr. Alpert suggested that the words "including individuals" should be added after the word "entities". His suggestion was accepted with no objection.

Deputy Director Singh conducted a straw poll on the support for the original medical liability statement, as presented by Ms. Griffiths. Only 14 members supported the statement.

Deputy Director Singh then conducted a straw poll on Dr. Gilbert's amended statement. The poll revealed support of only 11 members.

Searching for a compromise, Dr. Alpert asked the members to turn to the personal letter written by Chairman Enthoven to Governor Wilson. Dr. Alpert suggested using portions of this letter that addressed the issue of accountability to address the issue of medical liability. Specifically, Dr. Alpert recommended the following statement in place of Ms. Griffiths' statement:

The Task Force feels that people's procedural rights ought to be the same whether they work for private sector employers [under ERISA] or not and whether they have been injured by negligent actions caused by any of the variety of entities that contribute to medical decisions. The Task Force agrees that there must be some form of accountability.

He felt that the wording used in Chairman Enthoven's letter was more balanced. Chairman Enthoven's only objection to this was that the whole paragraph be used and that his words not be taken out of context.

Mr. Hiepler moved to adopt the statement as Dr. Alpert had suggested and this motion was seconded by Mr. Perez. Mr. Perez then moved to Call the Question [to end the discussion and take a vote] and it was seconded by Ms. Farber. The motion to Call the Question failed with 17 votes [20 votes were required to adopt the motion].

Before the formal vote was taken, Chairman Enthoven clarified that although the statement included words from his letter, he did not accept ownership of the statement.

Members requested that a roll call vote be taken on the revised statement. The results were as follows:

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| Alpert: | Yes |
| Armstead: | No |
| Bowne: | No |
| Conom: | Yes |
| Decker: | Pass |
| Enthoven: | No |
| Farber: | Yes |
| Finberg: | Yes |
| Gallegos: | Yes |
| Gilbert: | No |
| Griffiths: | Yes |
| Hartshorn: | No |
| Hauck: | No |
| Hiepler: | Yes |
| Karpf: | Yes |
| Kerr: | Yes |
| Lee: | Yes |
| Northway: | Yes |
| O'Sullivan: | Yes |
| Perez: | Yes |
| Ramey: | No |
| Rodgers: | No |
| Rodriguez-Trias: | Yes |
| Schlaegel: | No |
| Severoni: | Yes |
| Spurlock: | No |
| Tirapelle: | No |
| Williams: | No |
| Zaremborg: | No |
| Zatkin: | No |

Deputy Director Singh announced that the motion to adopt Dr. Alpert's statement failed 14 to 15.

Ms. Griffiths then requested that the document signed by the 15 members in support of the original medical liability statement be included in the Task Force Main Report with the other letters submitted by Task Force members. Chairman Enthoven stated that without objection, he would honor Ms. Griffiths' request.

VI. PUBLIC COMMENT

There were no members of the public that wished to speak.

VII. ADJOURNMENT - 4:30 PM

Before adjourning the meeting, Chairman Enthoven asked members to join him in thanking Deputy Director Singh for her job as Task Force Parliamentarian. Deputy Director Singh also asked members to join her in thanking the California Chamber of Commerce for graciously allowing the Task Force to use its conference room for the past 10 months.

Chairman Enthoven then declared that without any objection, the Task Force's final Business Meeting would be adjourned. Hearing no objection, Chairman Enthoven adjourned the meeting.

